Interview Summary	10/802,921	LEE ET AL.	
	Examiner	Art Unit	
	JUAN C. OCHOA	2123	
All participants (applicant, applicant's representative, PTO personnel):			
(1) <u>JUAN C. OCHOA</u> .	(3)		
(2) <u>Mr. Sahota</u> .	(4)		
Date of Interview: <u>16 December 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2)⊡ applicant's representative]			
Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No. If Yes, brief description:			
Claim(s) discussed: <u>1-75</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g)□ was not reached. h)□ N/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Discussed Examiner's amendment: As to dependent claims 24 and 58, amend the claims to avoid any possible antecedent issues.</u> As to independent claims 10, 15, 44, and 52; no need to amend the claims to bring the claim language in conformity with 101, as Examiner had previously stated. As to independent claim 61, amend the claim to bring the claim language in conformity with 101. As to dependent claim 70 cancel the claim to overcome 112 issues.			
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.			
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Application No.

Applicant(s)